Department of Health Care Services

CA-MMIS

California Medi-Cal State Level Registry (SLR) for the

CMS Provider Incentive Program

State Level Registry (SLR) User Manual

Eligible Professionals

V 5.20

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Table of Contents

1.   Introduction

1.1   Overview

The overall goal of the User Manual is to help guide Eligible Professionals (EP) through the process of completing California's application process for provider incentive monies.

1.2   User Manual Goals

The **California Medi-Cal State Level Registry (SLR) User Manual** will help walk Eligible Professionals through the following steps:

- How to create a SLR account.

- How to access the SLR application.

- How to register for the Provider Incentive Program.

- How to enter eligibility information for the Provider Incentive Program.

- How to enter attestation for the certified Electronic Health Record (EHR) technology.

- How to submit the final attestation.

- How to make changes to the account.

- Who to call for technical assistance.

1.3   Problem Reporting

For general help, all SLR web pages have a Help Link that opens up a copy of this User Manual. For SLR Web application assistance, contact the Help Desk designated to support the SLR.

Phone: (866) 879-0109
Email: CASLRHelpDesk@conduent.com

2.   Medi-Cal Incentive Overview

As the healthcare landscape continues to modernize, legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. Due to the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medi-Cal providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The California State Level Registry (SLR) application gives eligible professionals access to a streamlined application for federally funded HIT incentives through an easy to use website. With self-service flexibility, the provider can move through registration, eligibility, and attestation at their own pace while the SLR application stores the information in an organized manner, resulting in the most direct path for the provider to receive their incentive payment.

2.1   Application Features

The SLR application features the following functions that are explained further in this User Manual:

- Create your SLR user account (Beginning in Program year 2017 a new account creation is only applicable for Out of State Transfers)
- Login – Accessing the SLR
   - Retrieve Your User ID
   - Retrieve Your Password
   - Reset Your Password
- Applying for the incentive program as an Eligible Professional (EP):
   - Step 1: About You
   - Step 2: Eligibility Information
   - Step 3: Meaningful Use
   - Step 4: Attestation
   - Step 5: Submit
- View Payment Information
- View System Messages

2.2   Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines.
- Accessibility from the internet.
- Secure protected page access.

2.3   Materials and Preparations

Materials the user will need to use the software:

- Computers with access to a web browser.
  Note: This application is compatible with Microsoft Internet Explorer v9.0, v10.0, and v11.0, Microsoft Edge, Firefox, Chrome, and Safari.
- Software – Adobe Acrobat Reader – installed on the computer to view PDF files.
- Pop-up Blocker browser feature should be set to "Off" to receive the Pop-up window features.
- Manuals and/or FAQs that are available for distribution.

3.   Provider Outreach Web Portal

The Provider Outreach Web Portal provides the user with a central location to access information and resources regarding the Provider Incentive Program established through the American Recovery and Reinvestment Act, in addition, to the portal to the California Medi-Cal EHR State Level Registry site at www.medi-cal.ehr.ca.gov.

The Provider Outreach page displays the following:

1. **Provider Outreach Page Header.** The header displays the following items that are visible on every page of the SLR application:

   a. **Logo of California Department of Health Care Services (DHCS)**. Link to state department website.

   b. **Contact Us**. Pop-up page displaying contact information including the Help Desk phone number and email as well as the DHCS email address for the incentive program.

2. **Left side panel content.**

   a. **Step 1: Register with CMS!** The "registering with CMS" link directs you to the designated website for registering as a health provider with the Centers for Medicare & Medicaid Services.

   b. **Step 2: Create an SLR Account.** The "Create a Medi-Cal EHR Incentive Portal account" link directs you to the "Create Account" page.

c. **Already have an SLR account?** The "go directly to the Medi-Cal EHR Incentive Portal" link directs you to the "Login" page.

3. **Right side panel content.**

a. **Follow us on Twitter.** Link to the **twitter** website to receive the latest updates on the EHR Incentive program.

b. **Downloadable Resources**. Links in this section open the file in the appropriate application to assist with determining Eligibility and Attestation for EHR Incentive Payments for Groups/Clinic, Hospitals, and Providers.

4. **Primary Body Content section.** The primary page content includes the following sections:

a. **Welcome text**. An overview of the Provider Outreach Web portal.

b. **California Technical Assistance Program (CTAP).** Links in this section open a new window and displays the CTAP website.

    i. **California Health Information Partnership & Services Organization (CalHIPSO).** Opens a new window and displays the site for the statewide service coverage except in areas covered by other CTAP organizations.

    ii. **CalOptima.** Opens a new window and displays the site for the CTAP resource site for Orange County.

    iii. **HITEC-LA.** Opens a new window and displays the site for the CTAP resource site for Los Angeles County.

    iv. **Object Health.** Opens a new window and displays the site for the CTAP resource site for Riverside and San Bernardino counties.

   c. **Important Web Resources**. Links in this section open up a new window and display the appropriate website.

      i. **CMS EHR Incentive Program Registration Site.** Opens a new window and displays the **Official Web Site for the CMS Medicare and Medicaid EHR Incentive Programs**.

      ii. **CMS EP Registration User Guide.** Opens a new window and displays the CMS users guide for registering with the federal EHR Incentive Program.

      iii. **Centers for Medicare & Medicaid Services (CMS).** Opens a new window and displays the home page for the CMS EHR Incentive Program.

      iv. **Department of Health Care Services.** Opens a new window and displays the DHCS Office of Health Information Technology website.

      v. **Medi-Cal.** Opens a new window and displays the home page for the California Medi-Cal program.

      vi. **ONC Certified Health IT Products.** Opens a new window and displays the **Certified Health IT Product List**.

      vii. **California eHealth.** Opens a new window and displays the CA Health and Human Services page for provider information on the EHR Incentive Program.

      viii. **California Department of Public Health.** Opens a new window and displays the CA state department website discussing meaningful use of Health Information Technology.

      ix. **State Medi-Cal HIT Plan.** Opens a new window and displays the California Medi-Cal Health Information Technology Plan.

The image below illustrates the primary body content of the Providers Outreach page.

5. **Footer section.** Located at the bottom of the page, the footer displays the following items:

    a. **Privacy**. Opens a new window to the DHCS Privacy policy.

    b. **Conditions of Use.** Opens a new window to the DHCS Conditions of Use policy.

    c. **Accessibility.** Opens a new window with the website's Accessibility policy displayed.

    d. **State of California Copyright.**

4.   California Medi-Cal State Level Registry (SLR)

4.1   Create a New SLR Account for an Eligible Professional

Follow the steps below to create and log on to the California Medi-Cal State Level Registry (SLR) for the CMS Provider Incentive Program. As of Program year 2017, a new account creation is only applicable for an Out of State Transfer.

Note: The Individual providers should have already completed their registration with CMS by using the "Registering with CMS" link on the Provider Outreach Page.

1. Click the "create a Medi-Cal EHR Provider Incentive Portal account" link located on the upper left-hand corner of the Provider Outreach webpage. User will be taken to the logon site to create a new user account.

Reference: The State Level Registry (SLR) site can be accessed directly by going to the following website - https://www.medi-cal.ehr.ca.gov/

Note: The CA State Level Registry URL is secured – "**https:**"

a. Click the **Create Account** button.

2. Complete "Identify Yourself" window fields to create account:

a. Select **Professional** from the radio button selection.

b. Input Professional's National Provider Identifier (NPI) into field.
   Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.

    c.   Input Professional's Social **Security Number (SSN)** into field.

    d.   Type characters into field from the security CAPTCHA image.

        In the event that the CAPTCHA image is not clear, click "new image" link to display a new image.

    e.   Click the "**Continue**" button to submit for new account creation.
The "**Cancel and return to Login**" link will exit the screen without the submission of data.

3.   In the new "Is This You" window, confirm Name, Address, and associated with the NPI entered into Create Account screen.

    a.   Complete the Create a New SLR Account section:

To…	Click/Call…
• save data	• **Yes, Continue** button.
• Re-enter the NPI	• **No, Go back** button and return to section 4.1 of this manual.
• Speak with the Help Desk	• (866) 879-0109 for assistance.

4.1.1   Create Logon for SLR Account
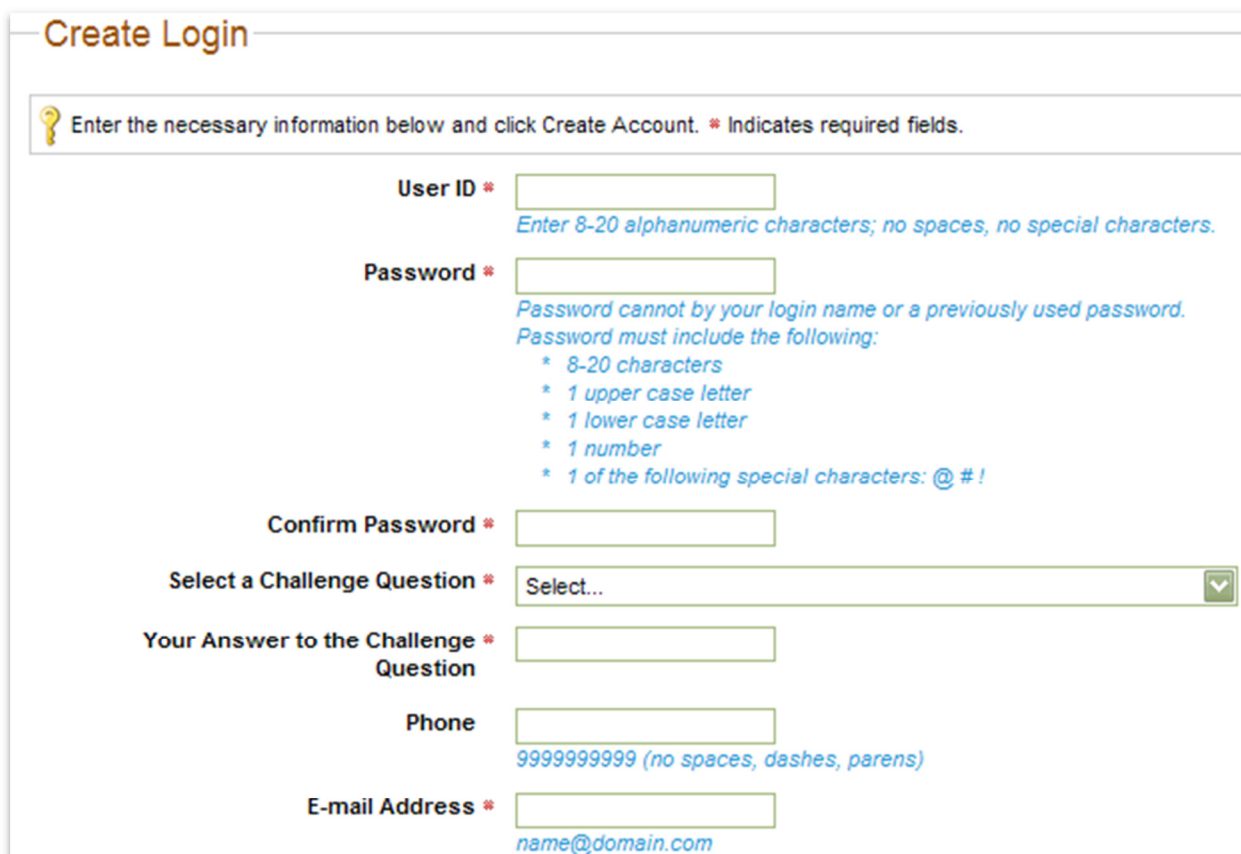
Follow the steps below to complete the "Create Account" process and set the User ID, Password, Challenge Question, and Contact Information.

Note: Beginning in 2017, Eligible Professionals must have previously applied for the Medi-Cal EHR Incentive Program in order to apply for Program Year 2017.

Proxy Banner

If the following banner appears at the top of the **Create Account** screen, the message indicates that someone has acted as a proxy for the Professional and has input eligibility data for the **About You**, **Eligible Information**, **Meaningful Use** steps. The Professional is to review the inputs and edit, if needed, before attesting to step 4.

> ✔ Note: A proxy has entered information on your behalf. You will be able to review and edit this information before you attest to its accuracy in Step 4 (Attestation).

Create Login

🔑 Enter the necessary information below and click Create Account. ✱ Indicates required fields.

User ID ✱ [   ]
Enter 8-20 alphanumeric characters; no spaces, no special characters.

Password ✱ [   ]
Password cannot by your login name or a previously used password.
Password must include the following:
  * *8-20 characters*
  * *1 upper case letter*
  * *1 lower case letter*
  * *1 number*
  * *1 of the following special characters: @ # !*

Confirm Password ✱ [   ]

Select a Challenge Question ✱ [Select...   ▼]

Your Answer to the Challenge Question ✱ [   ]

Phone [   ]
9999999999 (no spaces, dashes, parens)

E-mail Address ✱ [   ]
name@domain.com

1. Input desired User ID.
   Information: The User ID needs to be at least 8 letters/numbers long, but cannot be more than 20 characters.

2. Input Password.
   Information: The password needs to be at least 8 letters/numbers long, but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:
   - at least one capital letter.
   - at least one lower case letter.
   - at least one number.
   - at least one of the following special characters: @ or # or !

   The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the "Confirm Password" field.

4. Select a Challenge Question from the drop-down list to answer.

5. Input answer to selected Challenge Question.

6. Input contact phone number.
   Note: input phone number with no spaces, dashes, or parentheses.

7. Input the contact email address.

8. Click the **Create Account** button to finish creating the account.

9. Click the **Cancel and return to login** to exit the account creation process.

10. Click the **Continue to Login** button after confirming the "Account successfully created" message.
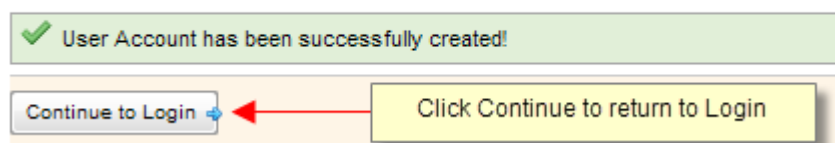
4.1.2   Forgot User ID for SLR

Use the following steps to have the User ID emailed to the account on record.

1. Click the **Forgot User ID** link from the login page.

2. Select the **Professional** user role from the radio button selection.
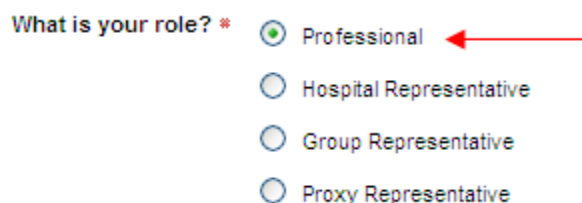
3. Input Professional's National Provider Identifier (NPI) into field.
   Note: If more than one NPI is available, then use the NPI used for the CMS EHR Incentive registration.

4. Input Professional's **Social Security Number (SSN)** into field.

5. Click **Continue** to move to next screen.

6. Input answer to previously selected Challenge Question.

Answer the challenge question below and click Continue to confirm your identity. An email containing the requested information will be sent to the email address on record for the account. * Indicates required fields.

7. Click **Continue** to move to next screen.

8. Look for confirmation of system email sent to Professional.

An email has been sent containing the requested information.
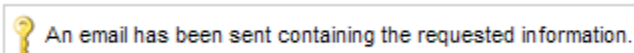
9. Click **Cancel and return to Login** link to return to login screen.

10. Retrieve system generated email sent to the Eligible Professional's email account from "California State Level Registry System Messages".

11. Log into the SLR as normal using the emailed User ID.

4.1.3   Forgot Password for SLR

Use the following steps to have a link sent to the email account on record in order to reset the user password.

1. Click the **Forgot Password** link from the login page.

2. Input the User ID into the input field.

3. Click **Continue** to move to next screen.

4. Input answer to previously selected Challenge Question.

5. Click **Continue** to move to next screen.

6. Look for confirmation of system email sent to Professional.

> An email has been sent to the email address on file for the User ID you entered. When the email arrives, click the link provided in the email and you will be taken to a screen where you can reset your password.

7. Click **Return to Login** link to return to login screen.

8. Retrieve system generated email sent to the Eligible Professional's email account from "California State Level Registry System Messages".

9. Click the link provided in the email to reset.

10. Input a new password in the **New Password** field.

New Password * [   ]

Confirm New Password * [   ]
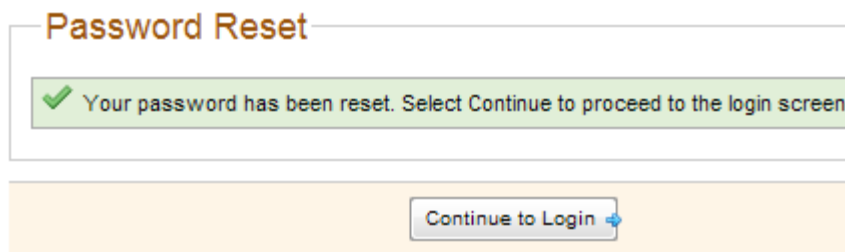
Information: The password needs to be at least 8 letters/numbers long, but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:

- at least one capital letter.
- at least one lower case letter.
- at least one number.
- at least one of the following special characters: @ or # or !

The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

11. Re-input password into "Confirm New Password" field.

12. Click the **Change Password** button to submit requested password change.

Click the **Continue to Login** button after confirming the "Password Reset" message.
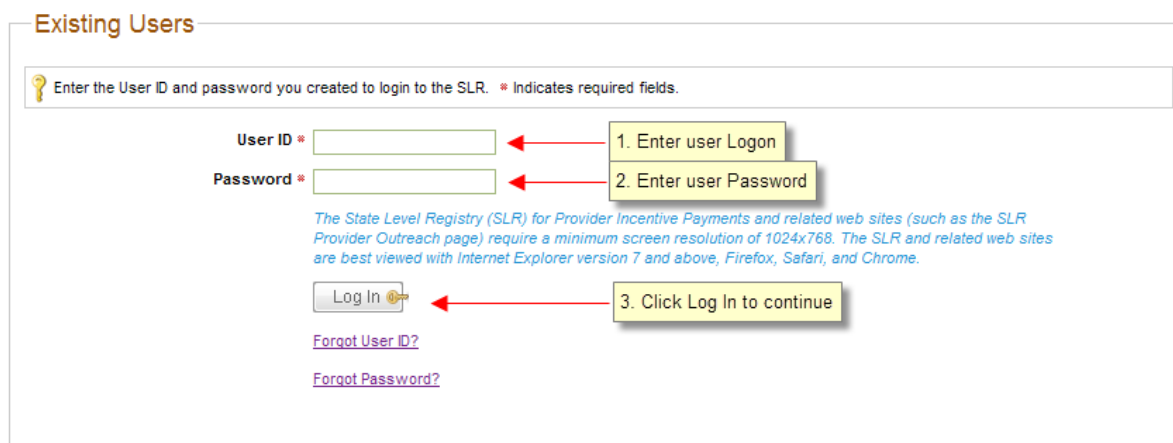
13. Log into the SLR as normal using the new password selected by Eligible Professional.

4.2   Log on to the State Level Registry (SLR) system

Follow the steps below to log on to the SLR.

1.   Enter user logon in the "User ID" field.

2.   Enter user password in the "Password" field.

3.   Click the **Log In** button to access the SLR.

4.2.1   Accepting the End User License Agreement (EULA)

Once the Login is complete, the Professional is presented with the End User License Agreement (EULA). The EULA is the licensing agreement between the Department of Health Care Services and the Professional for use of the SLR and must be accepted in order to continue.

1. Read the EULA in full.

2. Click the "Print EULA" to print the agreement for user records.

3. Click the check box to agree to the EULA.
   Note: The EULA must be accepted once every 12 months or when the EULA has been updated.

4. Click the **Continue** button to continue to the SLR Homepage

4.3   SLR Homepage

The SLR homepage is the center of the application and is the place from which the Eligible Professional will complete their application for the Medi-Cal Provider Incentive Program.

From the Homepage, the Eligible Professional has the ability to:

1. Make changes to their user account through the **About You** link.

2. Review the instructions for completing the SLR registration with the **User Manual** link.

3. Retrieve the Help Desk information through the **Contact us** link.

4. Retrieve system messages regarding Payments, Reporting, Audits, Appeals, and System communications.

5. Access the SLR workflow steps to complete Registration and Attestation for the incentive program.
   - Step 1: About You
   - Step 2: Eligibility Information
   - Step 3: Meaningful Use
   - Step 4: Attestation
   - Step 5: Submit

4.3.1   My Account Functionality

The My Account link on the homepage provides the user the ability to update user information including changing passwords, challenge question, phone number, and email address.

SLR generated messages will be sent to all email accounts recorded for this Eligible Professional. **Reset Password messages will only be sent to the email account listed under the My Account Page**.

Note: Changing the contact information in the My Account screen does not change the contact information set up under the About You page or the contact information provided by CMS in the registration process.

4.3.2   Voluntary Password Change in My Account

The Eligible Professional user password is valid for 74 days. When the expiration period has passed, a Reset Password page will appear allowing the representative to change their password.

In addition, the user password may be changed prior to the 74 day expiration period through the My Account link on the SLR application homepage.

Follow the steps below to change the user password.

1. Click the **My Account** link.

2. Input Password.
   Information: The password needs to be at least 8 letters/numbers long, but cannot be more than 20 characters. The following are guidelines when setting up a new password. The new password must contain:
   - at least one capital letter.
   - at least one lower case letter.
   - at least one number.
   - at least one of the following special characters: @ or # or !

   The password cannot be the User ID forwards or backwards. In addition, a previous password may not be used.

3. Confirm password by reentering in the "Confirm Password" field.

4. Complete the My Account section:

To…	Click…
• save data	• **Save** and wait for the system confirmation. ✔ Account is Updated.
• exit screen without saving inputs	• **Cancel and Delete Changes.**

5. Click **Back to Dashboard** to return to SLR Dashboard.

« Back to Dashboard

4.3.3   Voluntary Challenge Question Change in My Account

Follow the steps below to change the Challenge Question.

1. Click the **My Account** link.

2. Select a Challenge Question from the drop down menu to answer.

3. Input answer to selected Challenge Question in "Your Answer to the Challenge Question" field.

4. Complete the My Account section:

To…	Click…
• save data	• **Save** and wait for the system confirmation. ✔ Account is Updated.
• exit screen without saving inputs	• **Cancel and Delete Changes.**

5. Click **Back to Dashboard** to return to SLR Dashboard.

« Back to Dashboard

4.3.4   Update Phone Number and Email in My Account

Follow the steps below to change the Eligible Professional phone number and email address.

1. Click the **My Account** link.

2. Input new Phone number in the "Phone" field.

3. Input new email address in the "Email Address" field.

4. Complete the My Account section:

To…	Click…
• save data	• **Save** and wait for the system confirmation. ✔ Account is Updated.
• exit screen without saving inputs	• **Cancel and Delete Changes.**

5. Click **Back to Dashboard** to return to SLR Dashboard.

« Back to Dashboard

4.4   Step 1. About You

The State of California requires that additional information be provided to determine eligibility for participation in the Medi-Cal EHR Incentive Program.

Follow the steps below to complete the About You section of the California State Level Registry.

4.4.1   CMS Registration And Attestation Site Record

1. Click the link **1. About You** from the Homepage to access the **About You** screen.

2. Confirm that the CMS Registration & Attestation Site Data has been received.

Data has been received from the CMS Registration & Attestation Site. View CMS Data

Note: Use the **Register with CMS** link to access and complete the professional's registration with CMS, if not completed previously. Registration data from CMS may take up to 3 days to load in to the CA State Level Registry system.

In the event that the CMS registration data has not been received by the CA State Level Registry system the Eligible Professional will not be able to create their account for the Medi-Cal EHR Incentive Program. The CMS data must have been received by the system to continue with the application to the EHR Incentive Program.

Caution – Data has not been received from the CMS Registration & Attestation Site. Why is this important...

4.4.2   Contact Information

1. Review the default contact information for your user account and make any changes, as needed.
   Note: Changing the contact information here does not change the contact information set-up under the My Account page or the contact information provided to CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this provider.

2. Under the Contact Details section, input the name of the professional in the "Name" field.

Contact Details

Full Name * [   ]
              Last name, First name

Title [   ]

Phone Number * [123 456-7890]
                9999999999 (no spaces, dashes, parens)

E-mail [name@domain.com]
          name@domain.com

3. Input the title of the professional in the "Title" field.

4. Confirm the contact phone number and update, if necessary.

5. Confirm the contact email address and update, if necessary.

4.4.3   License Information

1. Indicate from radio buttons whether the Eligible Professional's license is from CA, a FQHC with a license from another state, or that the professional does not have a CA license and is not associated with a FQHC. The **License Information** will be inherited from the previous year if the Professional is applying for Year 2 or after.

> Note: The "License Type", which is the "Letter" character in the Professional's license, is input separately from the "Number" characters in the Professional's license. For example - a Professional license of A224351 will be input as seen below:

IF…	Then…
• a California professional license	• indicate License Board name. • indicate License Type. License Type * `A - PHYSICIAN AND SURGEON` • indicate License Number. License Number * `224351`
• an Indian Tribal Clinic or Federal Clinic with a license from another state	• indicate state the license is from. • indicate Other State License Number.
• not an Indian Tribal Clinic or Federal Clinic and not CA license	• **Professional is not eligible for the Medi-Cal EHR Incentive Program.**
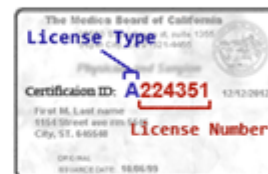
Special Practice Types

1. Indicate whether the professional performed 90% or more of their professional services in a hospital or emergency room in the previous calendar year. **Special Practice Types** will be inherited from the previous year if the Professional is applying for Year 2 or after.

> Did you perform 90% or more of your professional services in an inpatient hospital setting or an emergency room attached to a hospital in the previous calendar year?
>
> ○   No
>
> ○   Yes

Note: A practice that is 90% or greater is considered to be "hospital-based" and therefore is not eligible for the Medi-Cal EHR Incentive Program. However, a Professional may apply for a waiver of this rule based upon proof that the Professional funded the acquisition and maintenance of hardware and certified EHR technology that they used in a hospital or emergency room setting instead of the hardware and certified EHR technology provided by the facility.

    a. Indicate "No" if the Professional is not a "hospital based" provider

    b. Indicate "Yes" if the Professional is "hospital based" and would like to apply for the waiver.

        i. Click "Yes" to apply for the waiver

> Would you like to apply for a waiver?
> ○No
> ○Yes

        ii. Attach a copy of supporting backup for Medi-Cal volumes to the SLR using the **Upload Files** button.

> Supporting Documentation   `Upload Files`
>
> File(s) Attached - {0}

2. Indicate whether the professional is a Physician Assistant (PA) and practices in a Federally Qualified Health Care (FQHC), FQHC look-a-like, Rural Health Center or Tribal Clinic that is PA-led.

Physician Assistant

☐ I am a physician assistant (PA) and I practice in a Federally Qualified Health Center (FQHC), FQHC look-a-like, Rural Health Center, or Indian Tribal Clinic that is PA-led.

    a. Download and print the PA led attestation form by clicking the link below.
    b. Sign and upload the PA led attestation form using the Upload Files button.

<div align="center">

Below is the link to the PA – Attestation letter
[PA led Attestation Form](#)

</div>

3. Select all Medi-Cal Managed Care Organizations (MCO) that the professional participates in.

Medi-Cal Managed Care Health and Dental Plans

If you participate in Medi-Cal Managed Care Health and/or Dental Plans, please select all applicable plans.

☐ Alameda Alliance for Health
☐ AltaMed (Pace)
☐ American HealthGuard-Dental
☐ Anthem Blue Cross Partnership Plan
☐ Brandman Centers for Senior Care
☐ California Health and Wellness
☐ CalOptima

4.4.4   Group/Clinic Participation

Note: This section will only appear if a group has added the provider as a group member for the program year that they are applying.

Use the section below to indicate whether the professional will establish their eligibility using Group/Clinics volumes. Establishing eligibility through a group/clinic does not obligate the professional to assign their payment to that group or clinic. If the Professional is a part of a group/clinic, they have the option to participate with the group/clinic and establish eligibility for the program using information from the group/clinic. Once the Group Representative creates an account and adds the Professional as a member, the group will be available for selection below. If the professional is a part of multiple groups, all groups the professional has been added to will be listed. The Professional may only select one group/clinic to participate in to show eligibility for the EHR Incentive Program.
Professionals are not required to participate in the incentive program based on their group/clinic volumes and instead can establish their eligibility based on their own patient encounters or patient panel information.

    Note: If the Professional is a part of a "Qualified- FQHC" they must practice predominantly (50% of the Professionals practice) in the FQHC clinic to be eligible.
    If the group type is "Qualified – Pediatric" then the Professional must be a board certified or board eligible pediatrician.

1. Select the Group/Clinic with which the Professional will establish their eligibility.
    Note: If the Professional chooses to use their own practice volumes they will have to provide patient encounter and patient panel information for the practice that occurred during a 90-day period in the last calendar year. In addition, documentation for the certified electronic health information (EHR) technology used for which there is a binding financial or legal commitment to use must be supplied, as well.

Available Groups/Clinics

⚠ **Group Special Qualifier Notice**

Please note that if the group type is "Prequalified or Qualified - FQHC" you will need to practice predominantly (at least 50% of your practice) in the clinic to be eligible for the program through the clinic. If the group type is "Qualified – Pediatric" you will need to be a board certified or board eligible pediatrician to be eligible through the group/clinic.

NPI - Group Name (Qualification)

○ 9700000392 - ORANGE CARE CENTER PMF2 XBUS (Qualified - 30% Medi-Cal)

○ Establish my eligibility for the program on my own, not using the information already provided by a group or clinic.

2. Complete the **About You** section:

To…	Click…
• save data and remain in the screen for further editing	• **Save.**
• save data and move to step **2. Eligibility Information**	• **Save and Continue.**
• exit screen without saving data	• **Cancel and Delete Changes**, then • **Back to Dashboard** icon.

4.5　　Step 2. Provider Eligibility Information

Provide the total patient volume information for the professional to show the eligibility for the Medi-Cal Incentive Program. The registration of the group/clinic as well as the eligible professional is dependent upon the Medi-Cal volume requirements having been met.

To be eligible for the Electronic Health Record Incentive Program for Medi-Cal, the eligible professional must meet the following criteria:

- Incentive payments for eligible professionals are based on individual practitioners.

- If a part of a practice, each eligible professional may qualify for an incentive payment if each eligible professional successfully demonstrates meaningful use of certified EHR technology.

- Each eligible professional is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provide services.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume*

- Have a minimum 20% Medicaid patient volume, and is a pediatrician*

- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

* Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

Note: The SLR will give a credit of 20% if the Professional attains 19.50 to 19.99% and of 30% if the Professional attains 29.50 to 29.99%.

Hospital-based eligible professionals are not eligible for incentive payments. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service code 23) setting.

4.5.1   Participation and Encounters
Note: *Prequalified Providers and Professionals who are a member of a group/clinic in step 1 will not encounter this step.*

This section only displays if the professional has indicated in **Step 1. About You** that they are establishing their eligibility separate from a group that has selected that professional as a group member.

1. Indicate whether the Professional will be choosing to:

   a. establish their eligibility for the Medi-Cal EHR Incentive Program using their own patient encounters at a location(s) separate from any locations of any group/clinic listed in the **About You** step that listed the professional as a member.

   b. establish their eligibility for the Medi-Cal EHR Incentive Program using the patient encounters at a location(s) of a group/clinic listed in the **About You** step that listed the professional as a member.
      Note: Using the patient encounters that are also being used by a group/clinic to qualify could have adverse effects on the eligibility of the other providers in the group/clinic.
      Important: Establishing eligibility using the group/clinic patient volumes does <u>not</u> in any way obligate the professional to assign the incentive payment to the group or clinic.

      i. Select all the group/clinics from which the patient encounters will be used to establish the professional's eligibility separate from any group/clinic.

Participation & Encounters

Establishing Your Eligibility
* Please select one of the following:

○ I will be establishing my eligibility for the Medi-Cal EHR Incentive Program on my own using patient encounters at a location(s) **separate** from the practice locations of any group or clinic that has identified me as a member.

◉ I will be establishing my eligibility for the Medi-Cal EHR Incentive Program on my own but using patient encounters at a location(s) of a group or clinic that has identified me as a member.

Please indicate the groups from which you will be using encounter volumes.

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4.5.2   Location Information
Enter the addresses of all locations where patient encounters occurred that will be used to establish eligibility for the program. At least one location must be designated as a site at which certified EHR technology has been adopted, implemented, or upgraded (AIU). The **Location** information will be inherited from the previous year if the Professional is applying for Year 2 or after.
Be sure to check the box designating this.
   Note: Professionals prequalified based on their individual practice or are with a group or clinic, only need to enter one location. However, this must be a location at which certified EHR technology has been adopted, implemented, or upgraded (AIU).

1. Input the Address of the location where the patient encounter occurred.

2. Indicate whether this location has the Certified EHR Technology.

3. Verify address information.

4. Click "Add Location" to add additional locations, if needed.

5. Verify accuracy of all added locations.

4.5.3   Special Practice Types

Note: This section is pre-populated and read-only for Prequalified Providers and Professionals who are a member of a group/clinic.

Selecting certain special practice types affects what formulas are available for the Professional to choose to calculate their eligibility. **Special Practice Types information** will be inherited from the previous year if the Professional is applying for Year 2 or after.

1. Indicate whether the Professional has a special practice type:

a. **Practice Predominantly in an FQHC, FQHC look-a-like, or Indian Tribal Clinic.**
   "Practice predominantly" means having at least 50% of the professional services delivered in the clinic during a 6 month period in the last 12 months or prior calendar year.
   Note: "other needy individual" encounters cannot be used toward the 30% Medicaid + Other Needy patient volume threshold without specifying "Practice Predominantly".

b. **Board-certified or board-eligible pediatrician.**
   As a member of a pediatric group, the professional must provide evidence of their certification or board eligibility to qualify for the EHR incentive program through the pediatric group.
   Information: **Do not select this option if the pediatrician qualifies for the program at the 30% or greater Medicaid patient volume level**. This option is for

pediatricians that can only qualify for the program using the 20-29% Medicaid patient volume. The incentive payment will only be 2/3 of the payments of providers qualifying at the 30% or greater Medicaid patient volume level.

c. **Neither.**
Use this option if the above special conditions are not needed to qualify for the incentive program.

4.5.4   Provider's Patient Volume

Note: This section is pre-populated and read-only for Prequalified Providers and Professionals who are a member of a group/clinic.

Follow the steps below to fill out the Medicaid volume eligibility section.

1. Select between the two options for choosing the Representative Period.
   a. Input a start date for the preferred continuous **90 day representative period** from within the previous calendar year end (January 1-December 31).
   Note: the full 90 day period must not overlap the 90-day period used in the previous program year.
   b. Input a start date from within the 12-month period preceding the current day's date.
   Note: the full 90 day period must not overlap the 90-day period used in the previous program year.
2. Select the calculation that best suites the professional from the available formulas.

   Note: The available formula options are determined by whether the professional predominately practices in an FQHC or RHC as determined in 4.5.3 step 1a.

Formula Selection

These formulas affect how your eligibility is calculated.

Formula 1A ⦿

1A: Total Medicaid Encounters / Total Patient Encounters

Formula 2A ○

2A: (Total Medicaid Patients Assigned to a Panel + Total Medicaid Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)

Note: Patients assigned to a panel (whether Medi-Cal or the other payor) should only include active panel patients who were seen at least once in the 24 months preceding the 90-day representative period.

OR

Formula Selection

These formulas affect how your eligibility is calculated.

FQHC/RHC Formula 1B ⦿

FQHC/RHC 1B: (Total Medicaid Encounters + Total Other Needy Individuals Encounters) / Total Patient Encounters

FQHC/RHC Formula 2B ○

FQHC/RHC 2B: (Total Medicaid Patients Assigned to a Panel + Total Patients Assigned to an Other Needy Individuals Patient Panel + Total Medicaid Encounters + Total Other Needy Individuals Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)

Note: Patients "assigned to a panel" (whether Medi-Cal or other payor) should only include active panel patients who were seen at least once in the 24 months preceding the 90-day representative period.

Other Needy Individual" encounters include Healthy Families, sliding scale, and free care. Any encounters partially paid by Medicaid should be counted as Medicaid, not as "Other Needy Individual."

3. Input patient volumes for the State of California.

State	Total Patient Encounters	Total Medicaid Encounters
CA	0	0

4. Click the **Save** icon to save the CA encounter data.
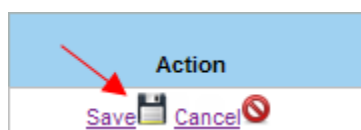
Action
Save🖫 Cancel⊘

5. Click **Select** to set up the row for another state.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	1000	321	Edit ✎ Delete ✖
Select ▾			Add ➕

6. Add the Professional's patient encounters for any additional states.

7. Click the **add row** icon to save inputs and to insert additional rows for more states.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	1000	321	Edit ✎ Delete ✖
NV ▾	950	351	Add ➕

8. Confirm that Medicaid Volume Percentage is above 30% and eligibility is met.
   Note: Pediatricians can qualify for a reduced incentive payment with 20%-29% Medicaid volumes. Providers who practice predominantly in an FQHC, FQHC Look-Alike, or Indian Tribal Clinics can qualify with Medicaid + Other needy Individual volumes.

Patient Volume Percentage

Formula Used : 1A

34.46 %

9. Attach a copy of supporting backup for Medi-Cal volumes to the SLR using the **Upload Files** button.
   Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

   a. Click **Upload Files** button.

   Upload Files

   b. Identify the **Subject** type of the file to be added:
      • Other Documentation ****required file****

   Click the **Add File(s)** button. **[+]**

   Upload Files
   Other Documentation   Add File
   ✖ Cost report file.docx

   c. Navigate to the file that meets the Subject type from the open **Choose file** window.

   Choose file   [?][X]
   Look in: My Documents   ▾   ← 🗀 🗀 🗐▾
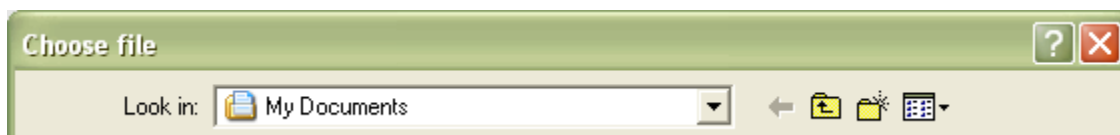
   d. Select file and click **Open** to attach the file.

   e. Add additional files as needed to the **Upload Files** pop-up window.

   f. Click **Done** to close **Upload** window and return to the **Provider Eligibility Information – Provider's Patient Volumes** page.

To remove a file that has already been attached to the SLR, click the [X] to delete the file.
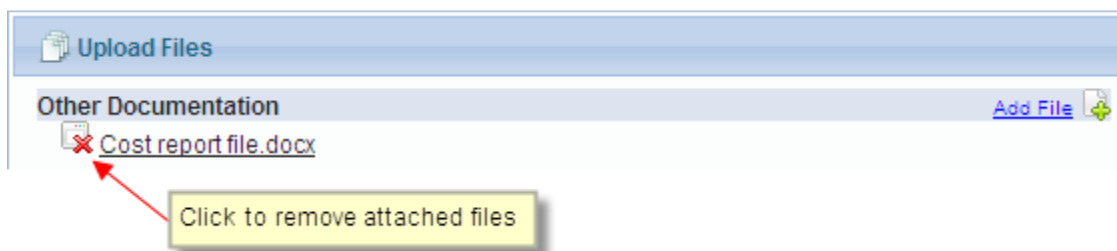
10. Click Save to validate the **Patient Volumes**.
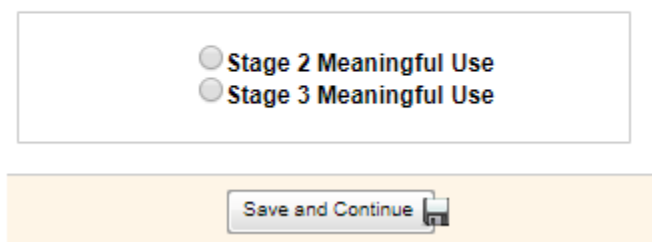
11. Complete the **Patient Volumes** section:

To…	Click…
• save data and remain in the screen for further editing	• **Save.**
• save data and move to step **3. Meaningful Use**	• **Save and Continue.**
• exit screen without saving data	• **Cancel and Delete Changes**, then • **Back to Dashboard** icon.

4.6   Attest to Meaningful Use

In order to receive incentive payments in years 2-6 of the program, providers are required to show that they are meaningful users (MU) of certified EHR technology. In 2017, providers can choose to attest to Stage 2 or Stage 3.

3. Stage Selection

○ Stage 2 Meaningful Use
○ Stage 3 Meaningful Use

Save and Continue

4.6.1   MU Reporting Period
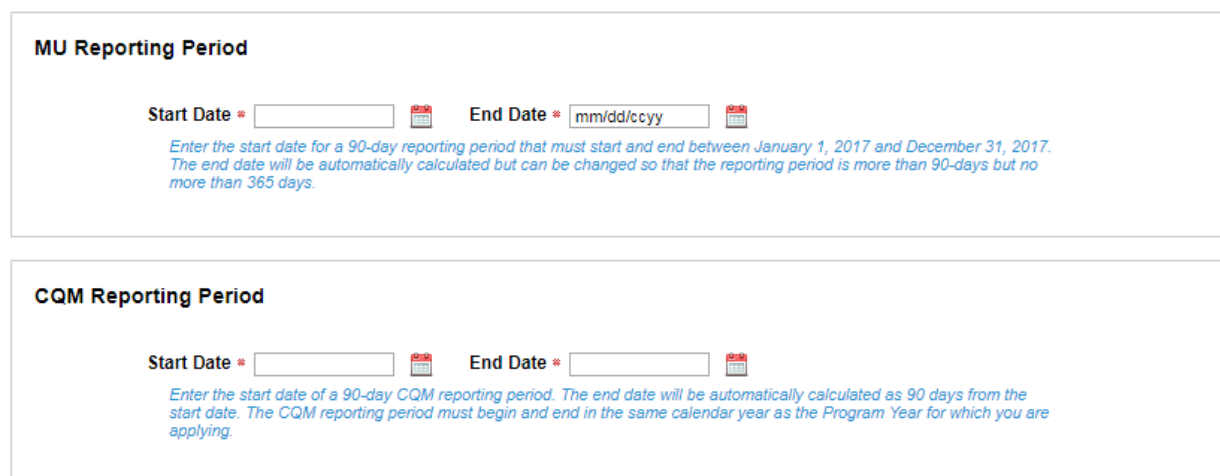
In 2017, all EPs may use 90 days for both the MU reporting and CQM Reporting periods. In 2018, first year applicants for Meaningful Use may use 90 days for both the MU reporting and CQM Reporting periods. Returning MU applicants for 2018 must use an entire year's worth of data for the MU reporting and CQM Reporting periods.

At least 50% of patient encounters during the reporting period must have occurred at a practice location with certified EHR technology. In addition to the practice locations specified for program eligibility in Step 2, EPs are required to add all locations at which they practiced during the meaningful use reporting period. For each location, specify the number of patient encounters and whether certified EHR technology was used at that location during the reporting period.

Follow the steps below to complete the **Reporting** Period screen.

1. Input the start date for the Meaningful Use reporting period from the within the current calendar year (January 1-December 31). The end date will be automatically populated. The end date can be changed so that the MU reporting period is more than 90 days.

Reporting Periods

MU Reporting Period

Start Date * [   ] 📅   End Date * [mm/dd/ccyy] 📅

Enter the start date for a 90-day reporting period that must start and end between January 1, 2017 and December 31, 2017. The end date will be automatically calculated but can be changed so that the reporting period is more than 90-days but no more than 365 days.

CQM Reporting Period

Start Date * [   ] 📅   End Date * [   ] 📅

Enter the start date of a 90-day CQM reporting period. The end date will be automatically calculated as 90 days from the start date. The CQM reporting period must begin and end in the same calendar year as the Program Year for which you are applying.

2. Indicate the Locations at which the above encounters occurred during the meaningful use reporting period.

     a. Click **Select** to add the location(s) that were added at **Step 2: Eligibility Information**, if appropriate.
     b. Input the Encounters for that location.
     c. Click **Add** to insert another row and input any other locations that that encounters occurred at during the Meaningful Use period.

Location Information

At least 50% of your patient encounters during the MU reporting period must have occurred at a practice location with certified EHR technology. In addition to the practice locations you specified for program eligibility in Step 2 (which are displayed in the table below) you are required to add all locations at which you practiced during the MU reporting period. For each location you must specify the number of patient encounters that occurred during the MU reporting period.

Location(s)

Street Address	City	State	Zip	Certified EHR Technology	Number of Encounters During MU Reporting Period	Action
333 Laws Ave	Grove	CA	95432	☑	543	Edit ✏ Delete ✖
				☐		Add ➕

Percentage of total patient encounters at locations where certified EHR technology is available: **100.00 %**

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3. Click check box to indicate agreement with the following Meaningful Use statements:
   - The information submitted for clinical quality measures (CQMs) was generated as an output from the provider's certified EHR technology.
   - The information submitted is accurate to the knowledge and belief of the provider or the person submitting on behalf of the provider.
   - The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the provider.
   - The information submitted for each measure includes information on all applicable patients.

I agree with the following statements: ▪ ☑

     ▪ The information submitted for clinical quality measures (CQMs) was generated as an output from the provider's certified EHR technology.

     ▪ The information submitted is accurate to the knowledge and belief of the provider and the person submitting on behalf of the provider.

     ▪ The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the provider.

     ▪ The information submitted for each measure includes information on all applicable patients.

4. Complete the **Meaningful Use Reporting Period** section:

To…	Click…
• save data and remain in the screen for further editing	• **Save.**
• save data and move to step **3. EHR Certification**	• **Save and Continue.**
• exit screen without saving data	• **"Back to Dashboard"** Icon**.**

4.6.1.1   MU - EHR Certification

Eligible Professionals must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payment to the Professional.

Note: In 2017, Stage 2, the SLR will accept 2014 CEHRT , 2014/2015 COMBO CEHRT, and 2015 CEHRT. For Stage 3, the SLR will accept to the 2014/2015 COMBO CEHRT, and 2015 CEHRT Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, a provider who has technology certified to the 2014 Edition only may not attest to Stage 3.

It is the Provider's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state.

Follow the steps below to complete the CMS EHR Certification section.

1. Input the CMS EHR Certification ID, if available, otherwise follow the steps below.
    a. Go to the ONC website to receive the CMS EHR Certification ID at:
        <div align="center">http://chpl.healthit.gov</div>
    b. Search for your product(s) and click "+ Cert ID" for each of your product(s)

    c. When you've added all product(s), click the "Get EHR Certification ID" button to retrieve your ID

    d. Click the **Download PDF** button below your EHR Certification ID number and upload a copy of this page to your SLR application.

        > Note: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID"

2. Input the CMS EHR Certification ID received from the ONC website in the "CMS EHR Certification ID" field.

    <div align="center">CMS EHR Certification ID * [   ]</div>

3. Attach a copy of the CMS EHR Certification ID screen and any additional backup to the SLR using the Upload Files button. Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG

4. Complete the **MU - EHR Certification** section:

To…	Click…
• save data and remain in the screen for further editing	• **Save.**
• save data and move to step **3. Objectives**	• **Save and Continue.**
• exit screen without saving data	• **"Back to Dashboard"** Icon.

4.6.1.2   MU Objectives

Objectives track how much of a provider's patient population has been entered into the EHR software for certain reasons. Eligible Professionals must enter responses for all Objectives. The user may click **Save**

or **Save & Continue** to save the inputs, and to move through the steps. If the user selects the **Save & Continue** button with all fields completed on a page, but does not meet the threshold for the measure a failed icon will appear. The provider must pass all objectives in order to be able to proceed to **Step 4: Attestation**.

4.6.1.2.1   The Objectives for Stage 2 of Meaningful Use

Eligible Professionals - Stage 2 Objectives		
	Objectives	**Description**
1	**Protect Patient Health Information**	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.
2A	**Clinical Decision Support**	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire MU reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.
2B	**Drug-Drug & Drug Allergy**	The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire MU reporting period. **Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the MU reporting period.
3A	**CPOE - Medication Orders**	More than 60 percent of medication orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 medication orders during the MU reporting period.
3B	**CPOE - Laboratory Orders**	More than 30 percent of laboratory orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 laboratory orders during the MU reporting period
3C	**CPOE - Radiology Orders**	More than 30 percent of radiology orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 radiology orders during the MU reporting period.
4	**Electronic Prescribing**	More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. **Exclusions**: Any EP who - (i) Writes fewer than 100 permissible prescriptions during the MU reporting period; or (ii) Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her MU reporting period.

Eligible Professionals - Stage 2 Objectives – cont.		
	Objectives	**Description**
5	**Health Information Exchange**	The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals. **Exclusion**: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the MU reporting period.
6	**Patient Specific Education**	Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the MU reporting period. **Exclusion**: Any EP who has no office visits during the MU reporting period.
7	**Medication Reconciliation**	Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. **Exclusion**: Any EP who was not the recipient of any transitions of care during the MU reporting period.
8A	**Patient Electronic Access - Ability**	More than 50 percent of all unique patients seen by the EP during the MU reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. **Exclusion**: Any EP who: Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."
8B	**Patient Electronic Access - Used**	More than 5 percent of unique patients seen by the EP during the MU reporting period (or their authorized representatives) views, downloads or transmits their health information to a third party during the MU reporting period. **Exclusion**: Any EP who: (i) Neither orders nor creates any of the information listed for inclusion as part of the measure except for "Patient Name" and "Provider's name and office contact information"; or (ii) Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period.
9	**Secure Electronic Messaging**	For more than 5 percent of unique patients seen by the EP during the MU reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the MU reporting period. **Exclusion**: Any EP who has no office visits during the MU reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period.

4.6.1.2.2   The Objectives for Stage 3 of Meaningful Use

Eligible Professionals - Stage 3 Objectives		
	Objectives	**Description**
1	**Protect Patient Health Information**	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process
2	**Electronic Prescribing**	More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT **Exclusion:** . Any EP who: (i) Writes fewer than 100 permissible prescriptions during the MU reporting period; or (ii) Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her MU reporting period.
3A	**Clinical Decision Support**	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire MU reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
3B	**Drug-Drug & Drug Allergy**	The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire MU reporting period. **Exclusion:** Any EP who writes fewer than 100 medication orders during the MU reporting period.
4A	**CPOE - Medication Orders**	More than 60 percent of medication orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 medication orders during the MU reporting period.
4B	**CPOE - Laboratory Orders**	More than 60 percent of laboratory orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 laboratory orders during the MU reporting period.
4C	**CPOE - Diagnostic Imaging Orders**	More than 60 percent of diagnostic imaging orders created by the EP during the MU reporting period are recorded using computerized provider order entry. **Exclusion**: Any EP who writes fewer than 100 radiology orders during the MU reporting period.

Eligible Professionals - Stage 3 Objectives – cont.		
	Objectives	**Description**
5A	**Patient Electronic Access to Health Information - Ability**	For more than 80 percent of all unique patients seen by the EP – (i) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (ii) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT **Exclusion**: An EP may exclude the measure if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the MU reporting period. (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.
5B	**Patient Electronic Access to Health Information – Patient Education**	The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the MU reporting period. **Exclusion**; An EP may exclude the measure if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the reporting period. (ii) An EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.
6A	**Coordination of Care – Electronic Access – Used**	More than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (i) View, download or transmit to a third party their health information; or (ii) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (iii) A combination of (1) and (2) **Exclusion**: A provider may exclude the measure if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the reporting period, or; (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.

	Eligible Professionals – Stage 3 Objectives – cont.	
	Objectives	**Description**
6B	**Coordination of Care – Electronic Messaging**	For more than 5 percent of all unique patients seen by the EP during the MU reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or their authorized representatives), or in response to a secure message sent by the patient or their authorized representative. **Exclusion**: A provider may exclude the measure if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the MU reporting period, or (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.
6C	**Coordination of Care – Data Incorporated**	Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the MU reporting period. **Exclusion**: A provider may exclude the measure if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the MU reporting period, or (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.
7A	**Health Information Exchange – Summary of Care**	For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care – (i) Creates a summary of care record using CEHRT; and (ii) Electronically exchanges the summary of care record. **Exclusion**: An EP may exclude from the measure if any of the following apply: (i) Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the MU reporting period, or (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period.
7B	**Health Information Exchange – Record Incorporated**	For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document. **Exclusion**: An EP may exclude from the measure if any of the following apply: (i) Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient is fewer than 100 during the MU reporting period, or (ii) Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the MU reporting period may exclude the measure.

Eligible Professionals - Stage 3 Objectives – cont.		
	Objectives	**Description**
7C	**Health Information Exchange – Clinical Information**	For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The EP must implement clinical information reconciliation for the following three clinical information sets: (i) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (ii) Medication allergy. Review of the patient's known medication allergies. (iii) Current problem list. Review of the patient's current and active diagnoses. **Exclusion**: Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient is fewer than 100 during the MU reporting period may exclude the measure.

Use the **File Upload** function to attach any supporting documentation that explains/defines the inputs for the Meaningful Use Objectives. In preparing the document, a few things to consider are:

- Is the backup data from the designated reporting period?
- Is the data summarized?
- Is there a connection between the provider(s) and the encounters in the data?

Criteria Met

Passed!
Your response to this measure meets Meaningful Use criteria.

Criteria Not Met

Failed
Your response to this measure does not meet Meaningful Use criteria.

Example of Stage 2 Objectives

4.6.1.3   Public Health Reporting

Eligible professionals must pass two public health measures. This may be accomplished by reporting to two different specialized registries. If an EP excludes from a measure, they do not pass the measure. However, if the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can pass the Public Health Reporting objective by passing the one remaining measure available to them. If no measure remains available, the EP can pass the objective by meeting the requirements for exclusion from all four measures.

The public health objective requires "active engagement" by a provider with a public health agency. "Active engagement" is defined by CMS as being in the process of moving towards sending "production data" to a public health agency or clinical data registry, or actually sending production data to a public health agency or clinical data registry.

Meaningful Use Stage 2
Reporting Periods
EHR Certification
▼ Objectives
　　Protect Patient Health Information
　　Clinical Decision Support
　　Drug-Drug & Drug Allergy Interaction
　　CPOE - Medication Orders
　　CPOE - Laboratory Orders
　　CPOE - Radiology Orders
　　Electronic Prescribing
　　Health Information Exchange
　　Patient Specific Education
　　Medication Reconciliation
　　Patient Electronic Access - Ability
　　Patient Electronic Access - Used
　　Public Health Reporting
▶ Clinical Quality Measures
　　Detailed Summary Report

Expand Menu Section

✔ Completed
✘ Failed
↻ In Progress
⚠ Notice (open item for details)

Meaningful Use Stage 2

Public Health Reporting

An EH must pass three public health measures. This may be accomplished by reporting to three different specialty registries. If an EH excludes from a measure, they do not pass the measure. However, if the EH qualifies for multiple exclusions and the remaining number of measures available to the EH is less than three, the EH can pass the Public Health Reporting objective by passing the remaining measures available to them. If no measure remains available, the EH can pass the objective by meeting the requirements for exclusion from all four measures.

The public health objective requires "active engagement" by a provider with a public health agency. "Active engagement" is defined by CMS as being in the process of moving towards sending "production data" to a public health agency or clinical data registry, or actually sending production data to a public health agency or clinical data registry. For further details about active engagement 🔗 click here.

Selected: 0

Public Health Measures

▶ Immunization Registry Reporting　☐

▶ Syndromic Surveillance Reporting　☐

▶ Specialized Registry Reporting　☐

▶ Electronic Laboratory Results Reporting　☐

Press Save and Continue to continue.

[Save]　　[Save and Continue]

4.6.1.3.1 Stage 2 Public Health Reporting Objectives

	Eligible Professionals – Stage 2 Public Health Reporting	
	Objectives	**Description**
1A	**Public Health Reporting - Immunization Registry Reporting**	The EP is in active engagement with a public health agency to submit immunization data. **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP: (i) Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the MU reporting period; (ii) Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the MU reporting period.
1B	**Public Health Reporting - Syndromic Surveillance Reporting**	The EP is in active engagement with a public health agency to submit syndromic surveillance data. **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (i) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; (ii) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the MU reporting period.
1C	**Public Health Reporting - Specialized Registry Reporting**	The EP is in active engagement to submit data to a specialized registry. **Exclusions**: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP: (i) Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the MU reporting period; (ii) Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the MU reporting period.

4.6.1.3.2   Stage 3 Public Health Reporting Objectives

Eligible Professionals – Stage 3 Public Health Reporting		
	Objectives	**Description**
1A	**Public Health Reporting - Immunization Registry Reporting**	The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP: (i) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the MU reporting period; or (ii) Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the MU reporting period.
1B	**Public Health & Clinical Data Registry Reporting – Syndromic Surveillance Reporting**	The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting. **NOTE:** This only displays if the provider answers "Yes" to the question, "Do you practice in an urgent care setting?" **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (i) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; or (ii) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the MU reporting period.
1C	**Public Health & Clinical Data Registry Reporting – Electronic Case Reporting**	The EP is in active engagement with a public health agency to submit case reporting of reportable conditions. **NOTE:** Electronic Case Reporting is not required until 2018. **Exclusions**: Any EP meeting at least one of the following criteria may be excluded from the electronic case reporting measure if the EP: (i) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the MU reporting period; or (ii) Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the MU reporting period

Eligible Professionals – Stage 3 Public Health Reporting – cont.		
	Objectives	**Description**
1D	**Public Health & Clinical Data Registry Reporting – Public Health Registry Reporting**	The EP is in active engagement with a public health agency to submit data to public health registries. **Exclusion**: Any EP meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP: (i) Does not diagnose or directly treat any disease or condition associated with a public health registry in the EP's jurisdiction during the MU reporting period; or (ii) Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the MU reporting period.
1E	**Public Health & Clinical Data Registry Reporting – Clinical Data Registry Reporting**	The EP is in active engagement to submit data to a clinical data registry **Exclusion**: Any EP meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP: (i) Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the MU reporting period; or (ii) Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the MU reporting period; or (iii) Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the MU reporting period.

4.6.1.4   Clinical Quality Measures

Clinical Quality Measures, or CQMs, capture information about patient treatments and diagnoses instead of information about the number of patients in the EHR. There are no passing percentages, as these pages are simply intended to capture information about patient care. These measures use data associated with providers' ability to deliver high-quality care or relate to long term goals for quality health care

Professionals must report on six (6) Clinical Quality Measures. If the Professional does not have patient data for 6 measures They must still select 6 and enter zeros in all data fields for those CQMs.

Note: Some Clinical Quality Measures are indicated as recommended for adults or children. Selection of these measures is recommended but not required.

Example of Stage 2- -Person and Caregiver-Centered Experience CQM Group

Meaningful Use Stage 2

Clinical Quality Measures

You must select at least 9 Clinical Quality Measures (CQMs) in at least 3 of the 6 National Quality Strategy domains. If you do not have patient data for 9 measures you must still select 9 measures in at least 3 of the 6 National Quality Strategy domains and enter zeros in all data fields for CQMs for which you do not have patient data.

Note that some CQMs are indicated as "recommended" for adults or children. Selection of these measures is recommended but not required.

When you click "Save and Continue" below you will be prompted to enter data for each of the CQMs you have selected on this page.

Person and Caregiver-Centered Experience CQM Group – CMS90

Clinical Quality Measures

CMS 90

Title:
Functional status assessment for complex chronic conditions

Description:
Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

Responses are required for the clinical quality measures displayed on this page.

Complete the following information:

Numerator =
Patients with patient reported functional status assessment results (e.g., VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR at least two weeks before or during the initial encounter and the follow-up encounter during the measurement year.

Denominator =
Adults aged 65 years and older who had two outpatient encounters during the measurement year and an active diagnosis of heart failure.

*Numerator: [   ]   *Denominator: [   ]   *Exclusion: [   ]

*Performance Rate: [   ]

4.6.1.5   Detailed Summary Report

After completing the **Reporting Period**, **EHR Certification**, **Objectives** and **Clinical Quality Measures** the Detailed Summary report can be generated providing a summary of the answers submitted for the Meaningful Use section of the Medi-Cal EHR Incentive Program.

Once the **EHR Reporting Period**, **EHR Certification**, **Objectives**, and **Clinical Quality Measures** have been input the Meaningful use section of the Medi-Cal EHR Incentive Program will completed and the user can continue on to **Step 4. Attestation**.

✓ **Congratulations!**

You have successfully completed the requirements for Meaningful Use. You may continue to the next step.
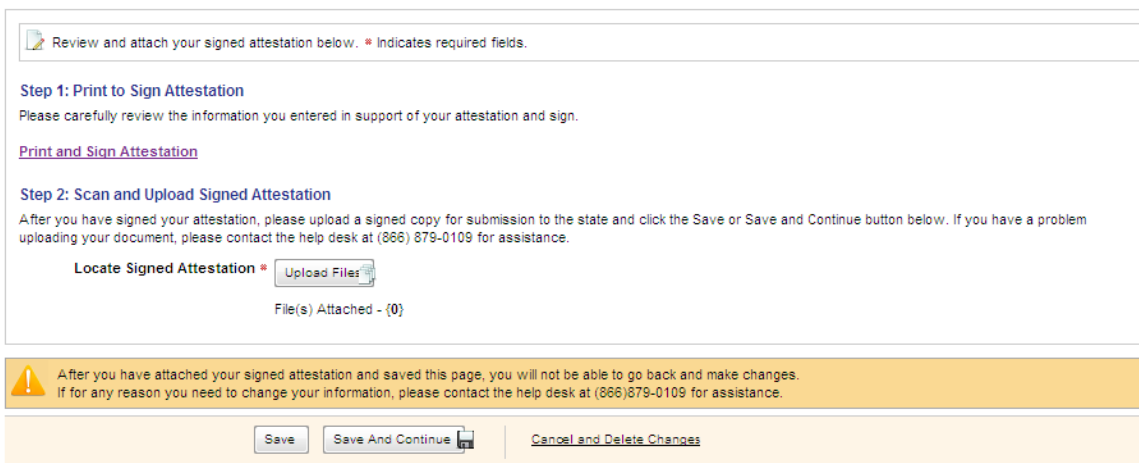
[Continue to Attestation]

4.7   Step 4. Attestation

The State of California requires that eligible providers submit an Attestation Agreement signed by the Professional certifying that all information in this application is accurate and complete. The Attestation page can only be accessed after the **About You**, **Eligibility Information**, and **Meaningful Use** sections have been completed.

Only the **Eligible Professional may complete this step. Proxies **cannot do Step 4 on the behalf of the Professional****
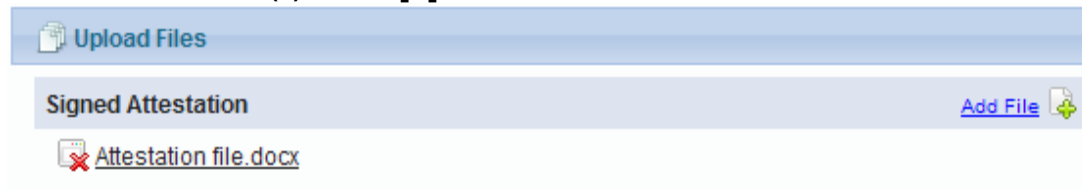
1.   Read the Professional Attestation letter thoroughly.

2.   Click the **Print and Sign Attestation** button to print letter for the Professional to sign and for records.

3.   Professional signs the Attestation Letter indicating understanding and acceptance of the conditions of the Medi-Cal EHR Incentive program.

4.   Scan the letter into PDF format after the Professional has signed it.

5.   Attach Signed Attestation file to the SLR using the **Upload Files** button.
     Information: The attached files must be 10MB or smaller and one of the following file types: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX, and PNG.

     a.   Click **Upload Files** button.

     b.   Identify the **Subject** type of the file to be added:
          • Signed Attestation - ****required file****
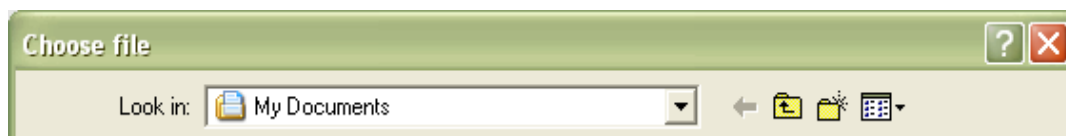
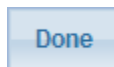   c.   Click the **Add File(s)** button. **[+]**
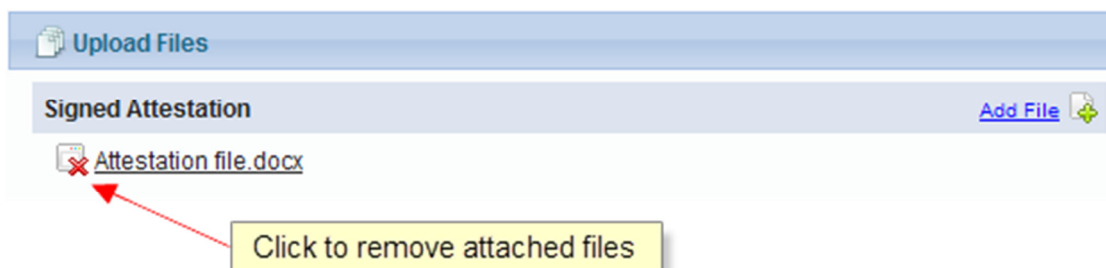

     d.   Navigate to the file that meets the Subject type from the open **Choose file** window.

e. Select file and click **Open** to attach the file.

f. Add additional files as needed to the **Upload Files** pop-up window.

g. Click **Done** to close **Upload** window and return to the **Attestation** page.

To remove a file that has already been attached to the SLR, click the [X] to delete the file.

NOTE: Once the signed Attestation letter is attached and saved to the SLR Application steps 1-4 will be locked and set to "view only". After this point, the Help Desk must be contacted to release the steps.

6. Complete the **Attestation** section:

To…	Click…
• save data and remain in the screen for further editing	• **Save.**
• save data and move to step **5. Submit**	• **Save and Continue.**
• exit screen without saving data	• **Cancel and Delete Changes**, then • **"Back to Dashboard"** icon.

4.8   Step 5. Submit

The final step is to submit the professional's attestation to participate in the Medi-Cal EHR Incentive program. All necessary data has been input in the SLR review and is now prepared to be sent for review. Upon formal submission of Attestation to the State of California the steps to the SLR will be locked and set to "view only" for review purposes.

1. Read the pop up message about completing submission of the Provider Attestation.

2. Click **Submit Application** to formally submit the attestation report saved in Step 4. **Attestation**.

    Note: Following the submission, all sections will be set to "view only" and no further changes may be made.

3. Confirm Attestation has been submitted in the pop-up window.

4. Verify "SLR Messages" section on the Homepage has a notice that is confirming the Attestation has been submitted.

Confirm receipt of an email from "California State Level Registry System Messages" and save for the Professional's records.

From: California State Level Registry System Messages [mailto:noreply@conduent.com]
Sent: Wednesday, July 06, 2012 4:01 PM
To: Eligible Professional
Subject: Your attestation has been submitted

Dear Eligible Professional,

Your application has been successfully submitted to the State of California for Year 1 of the Medi-Cal EHR Incentive Program. Your application will be validated by the state to determine your eligibility to receive the incentive payment. The state may elect to audit any or all information submitted as part of your attestation prior to approving your payment.

Upon state approval and CMS authorization to pay, you will receive payment and an email confirmation..

You can view messages related to your application and check your application status by logging into your account at www.medi-cal.ehr.ca.gov.

For any questions concerning your submission, please contact the Help Desk at (866)879-0109 or via email: CASLRHelpDesk@conduent.com.

Thank you
California Medi-Cal EHR Incentive Program

Help Desk Phone: (866) 879-0109
Help Desk Email: CASLRHelpdesk@conduent.com
State Level Registry: http://medi-cal.ehr.ca.gov/

The process for applying for the Electronic Health Record Incentive Program for Medicaid providers has been completed. Please check back periodically for the status of the application with the CA Department of Health Care Services and the Centers for Medicare and Medicaid Services.

Thank you for your participation in the Electronic Health Record Incentive Program.

4.9   Access Reports

4.9.1   Reports for Eligible Providers

Two report types are available to the Eligible Provider.

Provider Application
SLR Messages

1. **Provider Application** – Report detailing the Application and Payment Information for the account submission.

2. **SLR Messages** – Provides confirmations of actions within the SLR. For example, changes to the password or use of the "Forgot User ID?" function will result in a system message being generated.

4.9.2   Post Submission File Upload
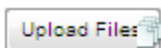
A file upload function is available on the dashboard after the Eligible Professional's application has been submitted. The Post – Submission upload function should be used for adding additional documentation to support the Provider's application for the Medi-Cal EHR Incentive Program.

The following types of documents may be acceptable:

• Output from the practice management system with sufficient detail to demonstrate how the Professional derived the reported Medi-Cal encounters or Other Needy Individual encounters. This may be in Excel or other formats. Please specify the vendor of the practice management system.

• Other documentation, such as billing logs, practice registers, etc. Any such non-electronic documentation should be clear enough and contain sufficient detail to enable the reviewers to quickly and accurately validate the Medi-Cal and Other Needy Individual encounters.

Upload Additional Documentation

You may use this to upload additional documentation after your application has been submitted. Click here for additional information.

Upload Files

File(s) Attached - {0}

5. Troubleshooting

5.1 Accessing Help

For SLR Web application assistance, contact the Help Desk designated to support the SLR.

<p style="text-align:center">Phone: (866) 879-0109
Email: CASLRHelpDesk@conduent.com</p>

5.1.1 Help Text Displays

Located throughout the SLR Web application, there are various tool tips, help text, and more info link displayed to help complete the pages.

Page view with tool tip:
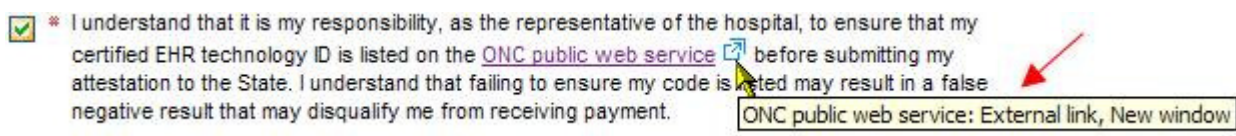
Help Text. Help text is text that displays on the page. Help text instructs the Professional on how to respond to a particular field or, it provides some additional information about the field or the page. For example:

More Info. Provides more details around the field or page that is being completed. For example:
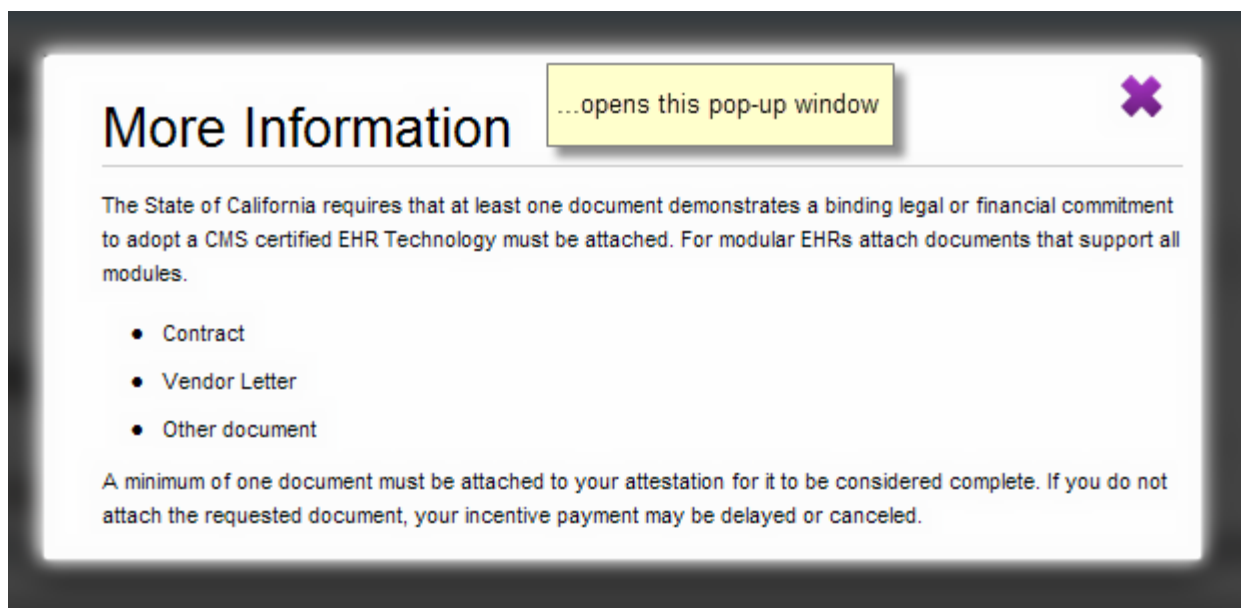
5.2   Web Page Message Display

Use the table below to identify how to resolve an issue:

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your login attempt was not successful. Please try again.	• Login	Re-enter your Login ID and password. You have four total attempts to enter the correct information.
Your account is currently locked out; please contact your site administrator or Help Desk at 866-879-0109.	• Login	Contact the site administrator or Help Desk to get your account unlocked.
Please select the agreement checkbox to continue.	• EULA	Click the checkbox.
The User ID entered is not recognized in the system. Please try again.	• Forgot Password	Re-enter your User ID. You have four total attempts to enter the correct information.
Your attempt to retrieve your User ID was not successful. Please contact the Help Desk at 866-879-0109.	• Forgot Password	Contact the site administrator or Help Desk
Your answer could not be verified. Please try again.	• Forgot Password	Re-enter your answer to the Challenge Question. You have four total attempts to enter the correct information.
Your attempt to retrieve your password was not successful. Please contact the Help Desk at 866-879-0109.	• Forgot Password	Contact the site administrator or Help Desk.
Password must have a minimum of 8 characters and a maximum of 20. Your password must include at least 1 upper case and 1 lower case letter, 1 number, 1 special character (the "at" symbol "@"; pound "#"; exclamation "!"); not your login name, not an old password.	• Reset Password • Create Login • My Account • Create Account	Re-enter your password. You have four total attempts to enter the correct information.
The Confirm New Password must match the New Password entry.	• Reset Password • Create Login • My Account • Create Account	Re-enter the new password.
NPI is 10 digits.	• Forgot User ID • Create Account	Re-enter your 10 digit NPI.
TIN is 9 digits.	• Forgot User ID • Create Account	Re-enter your 9 digit TIN.

What is the error message?	• On what page(s) could this error appear?	How can you fix it?
IDs entered are not in our system. If you need assistance, please contact the Help Desk at 866-879-0109.	• Forgot User ID	Re-enter any numbers that are incorrect.
The TIN and ID entered does not match a provider on file. Please contact the help desk at 866-879-0109 for assistance.	• Create Account	Contact the Help Desk.
The characters you entered didn't match the image verification. Please try again.	• Create Account	Check input. Click on "new image" to reset CAPTCHA image
The User ID must be between 8 – 10 characters. No spaces or special characters are allowed. Please try again.	• Create Login • Create Account	Enter a User ID that is between 8 to 10 characters without spaces or special characters.
User ID is not available. Please try again.	• Create Login • Create Account	Enter a new User ID.
Please enter a valid Email address.	• Create Login • My Account • Create Account • About Your Group	Re-enter your email address.
License number is 9 digits.	• About You	Re-enter your 9 digit license number.
To proceed, please select the checkbox to agree with the statement. Providers that do not meet these minimum criteria are not eligible to participate in the program.	• About Your Group	Click the checkbox.
The entire 90 day Representative Period must be in the previous calendar year.	• Eligibility Information for EP	Re-enter dates in the previous calendar year.
You have entered the same state twice. Please remove the state or change it to a unique state for indicating patient volumes. Duplicate states are not allowed.	• Eligibility Information for EP	Review the states you have entered and remove duplicates or change the entry to a unique state.
Numerical data must be entered in the Total Discharges for Representative Period and Medi-Cal Discharges for Representative Period fields for the calculation to be run.	• Eligibility Information for EP	Re-enter the appropriate data in the required fields.
You must attach a minimum of one document supporting your choice to complete this step	• Provider Eligibility Information for EP • Certified EHR Technology for EP • Attestation for EP	Attach back up documentation using the **Upload File** function

What is the error message?	On what page(s) could this error appear?	How can you fix it?
There was an error connecting to the ONC CHPL Web Service used for certification validation. Please try again	• Certified EHR Technology – CMS EHR Certification ID	Verify inputs in step
Your CMS EHR Certification ID is invalid. Please ensure the information that you entered is correct. You will not be able to proceed without a valid CMS EHR Certification ID. If you believe this is an error please contact the help desk at (866) 879-0109 or by email at CASLRHelpdesk@conduent.com.	• Certified EHR Technology for EP	Re-enter the certification number of your EHR.
A brief description of how you meet the selected Criteria is required to continue	• Certified EHR Technology - Criteria for EP	Enter a brief description of how you meet the selected criteria.
Word cannot start the converter mswrd632.wpc.	• Opening a previously attached .docx file from provider in the Managed Files function	Contact local tech support to verify mswrd632.wpc file is in place on computer system

Frequently Asked Questions (FAQs)

Clicking on the highlighted section links following the questions below will direct the Professional to that section within the User Manual.

How do I report a problem with the SLR application? Section 1.3 – Problem Reporting or Section 5.1 –Accessing Help

Why was the SLR Web application developed? Section 2 - Overview

What can I do with the SLR Web application? Section 2.1 – Application Features

What do I need in order to be able to use the SLR Web application? Section 2.3 – Materials and Preparation

How do I log into the SLR Web application? Section 4.2 – Log on to the State Level Registry (SLR) system

How do I create an SLR account for the Professional? Section 4.1 – Creating a New SLR Account for Eligible Provider

How do I get started in applying for the incentive payment for a Professional? Section 4.5 – Applying for the Incentive Program

What do I do if I forgot my user Id? Section 4.1.2 - Forgot User ID for SLR

What do I do if I forgot my password? Section 4.1.3 - Forgot Password for SLR

How do I change my password? Section 4.4.1 – Voluntary Change Password in My Account

How do I change my challenge question? Section 4.4.2 - Voluntary change Challenge Question

How do I access messages and reports? Section 4.10 – Access Reports

Where can I view the status of my payment? Section 4.10 – Access Reports

6.   Definitions

The following glossary terms are found within this document.

Term/Acronym	Explanation/Expansion
American Reinvestment and Recovery Act of 2009 (ARRA)	ARRA 2009- American Recovery and Reinvestment Act of 2009 is an economic stimulus package enacted in a direct response to the economic crisis. The immediate goals were to: • create new jobs and save existing ones. • spur economic activity and invest in long-term growth. • foster unprecedented levels of accountability and transparency in government spending. Included in the Act was funding for health information technology (HIT) investments to computerize health records to reduce medical errors and save on health-care costs.[1]
California Technical Assistance Program (CTAP)	California Technical Assistance Program (CTAP) is designed to continue the work of the Regional Extension Center Program which has provided assistance to over 12,000 professionals in adopting, implementing, upgrading and meaningfully using certified electronic health record technology. The CTAP program is designed to deliver free services to assist an additional 7,500 professionals, with special emphasis on solo practitioners and specialists[2]
CMS Certification Number (CCN)	A number assigned to hospitals by the Centers of Medicare and Medi-Cal Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports.[3]
Centers for Medicare and Medi-Cal Services (CMS)	The Centers for Medicare and Medi-Cal Services (CMS) is a United States Federal Agency which administers Medicare, Medi-Cal, and the Children's Health Insurance Program (CHIP).[4]
Computerized Physician Order Entry (CPOE)	Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy.[5]
Electronic Health Record (EHR)	An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.[6]

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[1] "What is the Recovery Act?" *Recovery.gov*. The Recovery Accountability and Transparency Board, March 11, 2011.

[2] "California Technical Assistance Program" *DHCS.CA.gov*. CA Department of Health Care Services, Date accessed December 19, 2017

[3] "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

[4] "Centers for Medicare & Medi-Cal Services." *CMS: Centers for Medicare & Medi-Cal services.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[5] "Computerized Provider Order Entry." *AHRQ: Agency for Healthcare Research and Quality.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[6] "Electronic Health Records Overview." *CMS: Centers for Medicare & Medi-Cal services.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Electronic Medical Record (EMR)	The EMR is the legal medical record of a patient's encounter with hospitals and ambulatory environments. This record is the source of data for the EHR.[7]
Eligible Hospital (EH)	For the purposes of the Medi-Cal EHR Incentive Program and SLR applications documentation, an eligible hospital (EH) is defined as the following: • Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medi-Cal patient volume. • Children's hospitals (no Medi-Cal patient volume requirements).[8]
Eligible Professional (EP)	For the purposes of the Medi-Cal EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following: • Physicians (primarily doctors of medicine and doctors of osteopathy). • Nurse practitioner. • Certified nurse-midwife. • Dentist. • Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant. To qualify for an incentive payment under the Medi-Cal EHR Incentive Program, an EP must meet one of the following criteria: • Have a minimum 30% Medi-Cal patient volume*. • Have a minimum 20% Medi-Cal patient volume, and is a pediatrician*. • Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals. *Children's Health Insurance Program (CHIP) patients do not count toward the Medi-Cal patient volume criteria.[9]
End User License Agreement (EULA)	The End User License Agreement (EULA) details how the software can and cannot be used.[10]
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The purpose of the Health Insurance Portability and Accountability Act is "to improve…the Medi-Cal program…and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information."[11]

[7] Garets, Dave and Mike Davis "Electronic Medical Records vs. Electronic Health Records: Yes, There Is a Difference Updated." *HIMSS Analytics.* Healthcare Information and Management Systems. January 26, 2006. March 11, 2011.

[8] "EHR Incentive Programs: Eligibility – Eligible Hospitals." *CMS: Centers for Medicare & Medi-Cal services.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[9] "EHR Incentive Programs: Eligibility – Eligible Professionals." *United States Department of Health & Human Services.* Date accessed: November 22, 2010.

[10] "EULA." *Webopedia.* QuinStreet Inc. Date accessed: November 22, 2010.

[11] "Health Insurance Portability and Accountability Act of 1996." *CMS: Centers for Medicare & Medi-Cal services.* Public Law 104-191. 104th Congress. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Health Information Technology (HIT)	Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.
Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)	The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology.[12]
CMS Medicaid EHR Incentive Program Registration Website	CMS Medicaid EHR Incentive Program Registration site is a data repository that supports the administration and incentive payment disbursements of Medicare and Medi-Cal programs to medical professionals, hospitals and other organizations.[13]
Meaningful Use (MU)	Meaningful use of an EHR is demonstrated by providers reporting on a number of required functional and clinical objectives established by CMS.
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers.[14]
Office of the National Coordinator (ONC) for Health Information Technology	The Office of the National Coordinator for Health Information Technology (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.[15]
Proxy	An individual designated by a provider to input their CMS EHR Incentive Program application information.
Provider	For the purposes of the State Level Registry (SLR) application documentation, a provider refers to both EPs and EHs.
Regional Extension Centers (REC)	Regional Extension Centers (REC) will support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs). RECs are designed to make sure that primary care clinicians get the help they need to use EHRs. RECs will: • Provide training and support services to assist doctors and other providers in adopting EHRs • Offer information and guidance to help with EHR implementation • Give technical assistance as needed[16]
State Level Registry (SLR)	The State Level Registry (SLR) is an application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.
Taxpayer Identification Number (TIN)	A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws.[17]

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[12] "HITECH and Funding Opportunities." *The Office of the National Coordinator for Health Information Technology.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[13] "Grumman nets $34M CMS' data repository project." *CMIO Contracts and Installations.* TriMed Media Group, Inc. Article date: May 17, 2010. Data accessed: November 22, 2010.

[14] "National Provider Identifier Standard (NPI): Overview." *CMS: Centers for Medicare & Medi-Cal services.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[15] "The Office of the National Coordinator for Health Information Technology (ONC)." *The Office of the National Coordinator for Health Information Technology.* United States Department of Health & Human Services. Date accessed: November 22, 2010.

[16] "Regional Extension Centers." *The Office of the National Coordinator for Health Information Technology.* United States Department of Health & Human Services. Date accessed: September 15, 2011

Term/Acronym	Explanation/Expansion
Uniform Resource Locator (URL).	The global address of documents and other resources on the World Wide Web.[18]

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[17] "Taxpayer Identification Numbers (TIN)." IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

[18] "What is URL?" *Webopedia*. QuinStreet Inc., March 11, 2011.